



## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

Requestor Name and Address:  J.T. DILGER JR., M.D. 6718 MONTAY BAY DRIVE SPRING, TX 77389	MFDR Tracking #: M4-11-1663-01
	DWC Claim #:
	Injured Employee:
	Date of Injury:
Respondent Name and Carrier's Austin Representative Box #:  FEDERAL INSURANCE CO Box #: 17	Employer Name:
	Insurance Carrier #:

### PART II: REQUESTOR'S POSITION SUMMARY

**The requestor did not submit a position statement in accordance with rule §133.307. The following is taken from the DWC-60 table of disputed services:** "Designated Doctor Exam filed 1/28/10"

**Amount in Dispute:** \$1,150.00

### PART III: RESPONDENT'S POSITION SUMMARY

**The respondent responded on the DWC-60 table of disputed services:** "Billing paid 1/15/11. Please see attached evidence of payment"

**Response Submitted by:** Specialty Rick Services, 300 S. State Street, Syracuse, NY 13202

### PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
1/26/10	99456-WP-W5	N/A	\$350.00	\$0.00
1/26/10	99456-WP-W5	N/A	\$300.00	\$0.00
1/26/10	99456-RE-W8	N/A	\$500.00	\$0.00
			<b>Total Due:</b>	<b>\$0.00</b>

### PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

#### Background

- 28 Tex. Admin. Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
- 28 Tex. Admin. Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
- 28 Tex. Admin. Code §134.204 sets out the guidelines for workers' compensation specific services.
- The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated 12/28/2010

- 29 – The time limit for filing has expired. Per Texas Labor Code 408.027 bills must be sent to the carrier on a timely basis, within 95 days from the dates of service.

### Issues

1. Is this dispute resolved per the Respondent's response and the respondent's submitted documentation?
2. Is the requestor entitled to reimbursement?

### Findings

1. The requestor billed the above listed disputed services on 1/26/10 and the insurance carrier denied these services according to the submitted EOB with above reason code "29". The respondent included in their response to this dispute a copy of a financial log supporting that payment to J. Thomas Dilger Jr., MD for date of service 1/26/2010 was issued on 1/5/2011 under check # 108018170 for \$1,150.00, the exact amount sought by the requestor for this dispute. Therefore, the Division concludes that the services have been paid and are no longer in dispute.

### Conclusion

For the reasons stated above, the division finds that the requestor has failed to establish that reimbursement is due. As a result, the amount ordered is \$0.00.

## **PART VI: ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

6/6/11

\_\_\_\_\_  
Date

## **PART VII: YOUR RIGHT TO REQUEST AN APPEAL**

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Texas Administrative Code §148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**